

HIGH SENSITIVITY OF BILIARY BRUSH CYTOLOGY AFTER OPTIMIZATION OF PROTOCOL IN PATIENTS WITH SUSPECTED PERIHILAR OR INTRAHEPATIC CHOLANGIOCARCINOMA: A PROSPECTIVE COHORT STUDY WITH HISTORICAL CONTROL

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Poster

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A modified protocol for bile duct brush cytology combining optimized handling, double reading by expert cytopathologists, Next Generation Sequencing, two brushes, and intraductal biopsies increased diagnostic sensitivity from 48.5% to 86% in patients with suspected perihilar or intrahepatic cholangiocarcinoma while maintaining 100% specificity.

KEY POINTS

- In a prospective cohort of 51 patients with suspected perihilar or intrahepatic cholangiocarcinoma, the modified protocol achieved 86% sensitivity (95%CI 72.6-93.7%) compared to 48.5% (95%CI 38.7-58.5%) in 116 historical controls, representing an absolute increase of 37.5% (95%CI 22.3-52.6%).
- Specificity remained 100% in both the prospective and historical control groups.
- The first brush alone achieved 76% sensitivity; Next Generation Sequencing added diagnostic value in 3 patients with uncertain cytology, increasing sensitivity to 82%.
- A second brush provided additional diagnostic value in 1 of 37 patients, while intraductal biopsies identified malignancy in 2 of 12 patients with false-negative brush cytology.
- Key protocol changes included cell preservation in Cytolyt container within 30 seconds with thin prep slides, routine double reading by at least two expert cytopathologists, and NGS for samples with uncertain atypia diagnosis.

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